

## **Application Data Sheet**

### **Application Information**

Filing Date:: **3/15/03**  
Application Type:: **Regular**  
Subject Matter:: **Utility**  
Suggested classification:: **280/7**  
CD-ROM or CD-R?: **None**  
Title:: **A topical treatment for dyshidrosis  
(pompholyx) and dry skin disorders**

Attorney Docket Number:: **NA**  
Request for Early Publication?: **No**  
Request for Non-Publication?: **No**  
Total Drawing Sheets:: **2**  
Small Entity?: **Yes**  
Petition included?: **Yes**  
Petition Type:: **Petition for Use of Color Photos**  
Licensed US Govt. Agency:: **NA**  
Secrecy Order in Parent Appl.?: **NA** **No**

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### **Applicant Information**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **U.S.**  
Status:: **Full Capacity**  
Given Name:: **Elizabeth**  
Middle Name:: **Anne**  
Family Name:: **Mazzio**

Name Suffix::	<b>Dr.</b>
City of Residence::	<b>Tallahassee</b>
State or Province of Residence::	<b>Florida</b>
Country of Residence::	<b>U.S.</b>
Street of mailing address::	<b>982 W Brevard St D#22</b>
City of mailing address::	<b>Tallahassee</b>
State or Province of mailing address::	<b>Florida</b>
Country of mailing address::	<b>U.S.</b>
Postal or Zip Code of mailing address::	<b>32304</b>

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>U.S.</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Karam</b>
Middle Name::	<b>F</b>
Family Name::	<b>Soliman</b>
Name Suffix::	<b>Dr.</b>
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**Correspondence Information**

Correspondence Customer Number:: **NA**  
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Fax Number: **1-(850)-599-3667**  
E-Mail address:: **elizabethmazzio@yahoo.com**

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**Representative Information**

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
<b>NA</b>		

**Domestic Priority Information**

<b>Application ::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	An Application claiming the benefit under 35 USC 119(e)	Application # 60/456817	3/21/2003

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Date 3/15/04 Signature E. Mazzio